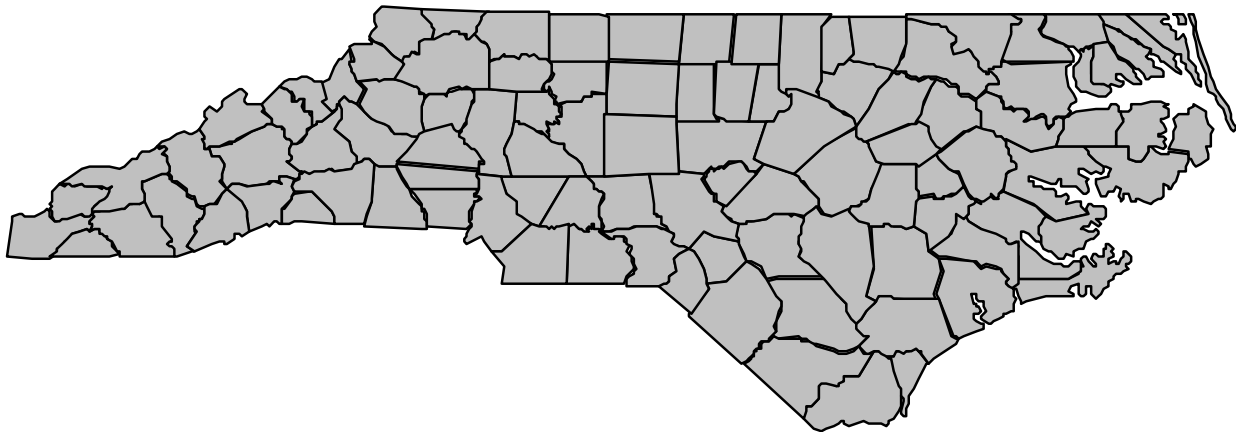


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**2005 - 2006 Performance Contract
With Local Management Entities**

**First Quarter Report
July 1, 2005 - September 30, 2005**



Prepared by

Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

November 2005



2005 - 2006 Performance Contract

First Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the SFY 1999-2000 Performance Agreement to replace the memorandum of understanding that historically was signed by each Area Authority or County Program and the Division. The creation of this new agreement marked a significant change in the relationship between the Division and the Area Authority and County Programs. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes. This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

A Performance Contract was developed for SFY 2004-2007 reflecting the new management functions of Area Authorities and County Programs as they transformed into Local Management Entities (LMEs). It was agreed that all LMEs would use the SFY 2003-2004 Performance Agreement for the first and second quarters of SFY 2004-2005. Those LMEs that signed the SFY 2004-2007 Performance Contract with the NC DHHS by January 2005 would follow the new Performance Contract requirements beginning in the third quarter of SFY 2004-2005. Those LMEs that were in an earlier stage of the mental health system reform process and have not signed the SFY 2004-2007 Performance Contract would continue operating under the requirements of the SFY 2003-2004 Performance Agreement. Correspondence to the Area Directors, dated October 26, 2004, provided details for this process. Twenty one of the 33 LMEs implemented the SFY 2004-2007 Performance Contract on January 2005.

State Fiscal Year 2005-2006

On July 1, 2005, 25 of the 30 LMEs implemented the SFY 2004-2007 Performance Contract. One LME, Piedmont, is operating under a Medicaid Waiver and has a separate performance contract. Four LMEs are still operating under the SFY 2003-2004 Performance Agreement requirements. A table listing the LMEs under the Performance Contract vs. the Performance Agreement is provided in this report following the introduction.

As in prior agreements, the current agreements/contracts provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present LME-specific performance data, comparisons to statewide data, and cross-LME comparisons.

This is the **First Quarter Report** for SFY 2005-2006 under the SFY 2004-2007 Performance Contract. This report includes data on the performance requirements specified in Attachment III, System Performance, of the current contracts. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report. Due to challenges associated with system transformation and the rescheduling of the annual audit from Spring to Fall 2005, the reporting of the measures listed below for SFY05 were deferred until SFY06: Choice of Providers, Discharge and After-care Planning, Compliance with Diversion Law, Community Capacity Plan (MH), Provider Monitoring (Part 2), Notice of Appeal Rights, Incident Management, Accounting and Claims Adjudication, Paybacks, and NC-TOPPS. Some of these measures will be reported in the first quarter report, and some (audit related) will be reported in the second quarter report.

The tables on the following pages list the report schedule, the performance requirements and standards, and LME performance under the SFY 2004-2007 Performance Contract. LME performance for LMEs operating under the SFY 2003-2004 Performance Agreement will be provided in a separate report.

Questions or Concerns

If officials of an LME have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison. The LME liaison will assist in getting answers to questions and/or having errors corrected.

LMEs Reporting Under The SFY 2004-2007 Performance Contract vs.
The SFY 2003-2004 Performance Agreement

The first column of this table lists the LMEs that have signed the SFY 2004-2005 Performance Contract as of July 1, 2005 and are accountable for meeting the Performance Contract requirements. The second column lists the LMEs that will continue to use the measures in the SFY 2003-2004 Performance Agreement until the Performance Contract is signed.

LME	SFY 2004-2007 Performance Contract	SFY 2003-2004 Performance Agreement
Alamance-Caswell-Rockingham	X	
Albermarle	X	
Catawba	X	
CenterPoint	X	
Crossroads	X	
Cumberland	X	
Durham	X	
Eastpointe	X	
Edgecombe-Nash		X
Five County	X	
Foothills	X	
Guilford	X	
Johnston	X	
Mecklenburg	X	
Neuse	X	
New River	X	
Onslow-Carteret	X	
Orange-Person-Chatham	X	
Pathways	X	
Pitt	X	
Roanoke-Chowan		X
Sandhills	X	
Smoky Mountain	X	
Southeastern Center	X	
Southeastern Regional	X	
Tideland		X
Wake	X	
Western Highlands Network	X	
Wilson-Greene		X
Total	25	4

2005 - 2006 Performance Contract Report Schedule

The table below shows which requirements will be reported by quarter

Requirement		1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1.1. General Administration and Governance					
1.1.1.	Local Business Plan Implementation	X	X	X	X
1.2. Access, Triage, and Referral					
1.2.1.	Access to Emergent Care	X	X	X	X
1.2.2.	Access to Urgent Care	X	X	X	X
1.2.3.	Access to Routine Care	X	X	X	X
1.2.4.	Access Line	X	X	X	X
1.3. Service Management					
1.3.1.	Choice of Providers		X		
1.3.2.	Discharge Planning With State Operated Services		X		
1.3.3.	After-care Planning With State Operated Services		X		
1.3.4.	Compliance With Diversion Law NCGS 122C-261(f)		X		
1.3.5.	Transition To Community Services (Community Capacity Plan) - MH	X			
1.3.5.	Transition To Community Services (Community Capacity Plan) - DD				X
1.3.5.	Transition To Community Services (Bed Day Allocations)	X	X	X	X
1.4. Provider Relations and Support					
1.4.1.	Proximity				X
1.4.2.	SB 163 Provider Monitoring	X	X	X	X
1.5. Customer Services and Consumer Rights					
1.5.1.	Consumer Rights: Proper Notice Of Appeal Rights		X		
1.6. Quality Management and Outcomes Evaluation					
1.6.1.	Quality Improvement Process				X
1.6.2.	Incident Management		X		
1.6.3.	Incident Reporting	X	X	X	X
1.7. Business Management and Accounting					
1.7.1.	Accounting and Claims Adjudication		X		
1.8. Information Management, Analysis, and Reporting					
1.8.1.	<u>System Monitoring:</u>				
1.8.1.1.	Quarterly Fiscal Monitoring Reports	X	X	X	X
1.8.1.2.	Cost Finding Report		X		
1.8.1.3.	Paybacks				X
1.8.1.4.	SAPTBG Compliance Report		X		X
1.8.1.5.	Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
1.8.1.6.	Work First Initiative Quarterly Reports	X	X	X	X
1.8.2.	<u>Consumer Information:</u>				
1.8.2.1.	Client Data Warehouse (CDW) - Admissions	X	X	X	X
1.8.2.2.	Client Data Warehouse (CDW) - Missing Data	X	X	X	X
1.8.2.3.	Client Data Warehouse (CDW) - Unknown Data	X	X	X	X
1.8.2.4.	Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
1.8.2.5.	Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
1.8.2.7.	DD Client Outcome Inventory (DD COI)	X	X	X	X
1.8.2.9.	NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
1.8.2.10.	NC Treatment Outcomes and Program Performance System (Update)	X			
1.8.2.11.	National Core Indicators (NCI) Consents and Pre-Surveys			X	
1.8.2.13.	NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
1.8.2.14.	Consumer Satisfaction Survey (CSS)			X	

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Summary of LME Clinical Performance

LME	Qtr	Percent Met (★ or ★★)	1.2.1. Access to Emergent Care	1.2.2. Access to Urgent Care	1.2.3. Access to Routine Care	1.2.4. Access Line
Alamance-Caswell-Rockingham	1	100.0%	★★	★	★	★★
Mecklenburg	1	100.0%	★★	★★	★	★
Neuse	1	100.0%	★★	★	★	★★
Pathways	1	100.0%	★★	★	★	★
Albemarle	1	75.0%	★★	★		★★
Crossroads	1	75.0%	★★	★		★
Durham	1	75.0%	★★	★		★★
Eastpointe	1	75.0%	★★	★★		★★
Foothills	1	75.0%	★★	★★		★★
Guilford	1	75.0%	★★	★		★★
Johnston	1	75.0%	★★	★★		★★
New River	1	75.0%	★★	★		★★
Onslow-Carteret	1	75.0%	★★	★		★★
Sandhills Center	1	50.0%	★★	★		
Wake	1	50.0%	★★	★		
Catawba	1	50.0%	★★	★		
CenterPoint	1	50.0%	★★			★
Five County	1	50.0%	★	★		
Pitt	1	50.0%	★★			★★
Smoky Mountain	1	50.0%	★★			★★
Southeastern Center	1	50.0%	★★	★		
Western Highlands	1	50.0%	★★			★★
Orange-Person-Chatham	1	25.0%	★★			
Cumberland	1	25.0%	★			
Southeastern Regional	1	25.0%	★			

Met Best Practice Standard Q1: ★★	41.0%	22 88.0%	4 16.0%	0 0.0%	15 60.0%
Met the SFY2006 Standard Q1: ★	25.0%	3 12.0%	14 56.0%	4 16.0%	4 16.0%
Total	66.0%	25 100.0%	18 72.0%	4 16.0%	19 76.0%

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Summary of LME System Management Performance

LME	Qtr	System Management Percent Met* (★ or ★★)	1.3.5. Community Capacity - MH	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions ²	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term ²	1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent ²	1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric ²	1.3.5. Bed-Day Allocations - ADATC ²	1.4.2. SB 163 Provider Monitoring - Timely Resolution	1.6.3. Incident Reporting
Alamance-Caswell-Rockingham	1	100.0%		<<	<<	>	<<	<<	★★	☆☆
Albemarle	1	100.0%		<	<<	<	<	>	★★	☆☆
CenterPoint	1	100.0%	★★	>	<<	<	<	<	★★	☆☆
Cumberland	1	100.0%		>	>>	>	<	<<	★	☆☆
Durham	1	100.0%	★★	<<	<<	<	>>	<<	★★	☆☆
Five County	1	100.0%	★★	>	<	<	>>	<	★	☆☆
Foothills	1	100.0%		<	<	<<	>	>	★★	☆☆
Johnston	1	100.0%	★★	>	>>>	<	<<	<<	★★	☆☆
Mecklenburg	1	100.0%	★★	>>	<	>>	>	<<	★	☆☆
New River	1	100.0%		<	<	<<	<	>>	★★	☆☆
Onslow-Carteret	1	100.0%		<	<	>	>	<	★★	☆☆
Orange-Person-Chatham	1	100.0%	★★	<<	<<	>>	>>	<<	★★	☆☆
Pathways	1	100.0%		<	>	<	<<	<	★	☆☆
Pitt	1	100.0%	★★	<<	<	>	<<	>	★★	☆☆
Sandhills Center	1	100.0%	★★	<	<<	<	<<	<	★	☆☆
Southeastern Regional	1	100.0%		<	<	>>	>	<<	★★	☆☆
Wake	1	100.0%	★★	>	>	<	<	<<	★★	☆
Crossroads	1	50.0%	★★	<	<	<<	>>>	<		☆☆
Eastpointe	1	50.0%		>	<	>>	<	<	★★	☆☆
Guilford	1	50.0%	★★	<	<<	>	>	<<		☆☆
Neuse	1	50.0%		>	<<	>	>	<	★★	☆☆
Smoky Mountain	1	50.0%	★★	<<	<<	>>	>>	<		☆☆
Southeastern Center	1	50.0%	★★	>	<<	>>	>>	<		☆☆
Catawba	1	0.0%		>>	>	<<	<<	<		☆☆
Western Highlands	1	0.0%		<	>	<	>>	<		☆☆

Met Best Practice Standard Q1: ★★
Met the SFY2006 Standard Q1: ★
Total

67.5%	13 86.7%							14 56.0%	24 96.0%
12.5%	0 0.0%							5 20.0%	1 4.0%
80.0%	13 86.7%							19 76.0%	25 100.0%

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
☆☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆☆ = On track for meeting the annual Best Practice Standard.
- << YTD utilization is 10% or more below the YTD prorated allocation. < YTD utilization is less than 10% below the YTD prorated allocation. = YTD utilization is equal to the YTD allocation.
> YTD utilization is less than 10% above the YTD prorated allocation. >> YTD utilization is more than 10% above the YTD prorated allocation. >>> YTD utilization has exceeded the annual allocation.
- Percent Met only includes measures where the performance standard is met/unmet this quarter. It does not include annual measures (e.g. bed-day allocations & incident reporting) for which final results will not be available until year-end.

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Summary of LME Administrative Performance

LME	Qtr	Administration Percent Met ³ (★ or ★★)	1.1.1. Local Business Plan	1.8.1. Quarterly Fiscal Monitoring Reports (SFY05 Q4)	1.8.1. Quarterly Fiscal Monitoring Reports	1.8.1.5. SAJJ Initiative Quarterly Reports	1.8.1.6. Work First Initiative Quarterly Reports	1.8.2.2. CDW - Completeness	1.8.2.3. CDW - Unknown Data	1.8.2.4. CDW - Identifying and Demographic Records	1.8.2.5. CDW - Drug of Choice	1.8.2.7. DD COI	1.8.2.9. NC TOPPS (Initial)	1.8.2.10. NC TOPPS (Update)	1.8.2.13. NC-SNAP
Albemarle	1	100.0%	★★		★★	★★	☆☆	★★	★★	★★	★★	★★			★
Foothills	1	90.9%	★★	★★	★★	★★	☆☆	★★	★★	★★	★★	★★			★
Neuse	1	83.3%	★★	★★	★★	★★	☆☆	★★	★★	★★	★★	★★			★
Southeastern Regional	1	83.3%	★★	★★	★★	★★	☆☆	★★	★★	★★	★★	★★			★
Catawba	1	81.8%	★★	★★	★★		★	★★	★★	★★	★	★★			★
Johnston	1	81.8%	★★	★★	★★		★	★★	★★	★★	★★		★★		★
Pathways	1	77.8%	★★		★★	★★	☆☆	★★	★★	★★	★★				
CenterPoint	1	75.0%	★★	★★	★★	★★	☆☆	★★	★★	★★	★★				★
Cumberland	1	75.0%	★★	★★	★★	★★	☆☆	★★	★★	★★	★★	★★			
Guilford	1	75.0%	★★	★★	★★	★★	☆☆	★★	★★	★★	★★	★★			
Southeastern Center	1	75.0%	★★	★★	★★	★★	★	★★	★★	★★	★★		★★		
Wake	1	75.0%	★★	★★	★★	★★	★	★★	★★	★★	★★	★★			
Orange-Person-Chatham	1	72.7%	★★	★★	★★		☆☆	★★	★★	★★	★★	★★			
Alamance-Caswell-Rockingham	1	66.7%	★★		★★	★★	☆☆	★★	★★						★
Sandhills Center	1	66.7%	★★	★★	★★		☆☆	★★	★★	★★	★★	★★			
Western Highlands	1	66.7%	★★		★★		☆☆	★★	★★	★★	★★				
Eastpointe	1	63.6%	★★		★★	★★	☆☆	★★	★★	★	★★				
Five County	1	63.6%	★★	★★	★★		★	★★	★★	★★	★				
New River	1	60.0%	★★	★★			☆☆	★★	★★		★	★★			
Smoky Mountain	1	60.0%	★★	★★			☆☆	★★	★★	★★					★★
Durham	1	58.3%	★★	★★	★★		☆☆	★★	★★	★★	★★				
Pitt	1	58.3%	★★	★★	★★	★★	☆☆	★★			★				★
Mecklenburg	1	50.0%	★★		★★	★★	☆☆	Waived Q1 due to system conversion.				★★			
Onslow-Carteret	1	50.0%	★★				☆☆	★★	★★	★	★★				
Crossroads	1	27.3%	★★				☆☆	★★		★★					

Met Best Practice Standard Q1: ★★	64.6%	25 100.0%	17 81.0%	21 84.0%	15 88.2%	20 80.0%	24 100.0%	22 91.7%	19 79.2%	17 70.8%	12 48.0%	2 9.5%	0 0.0%	1 4.0%
Met the SFY2006 Standard Q1: ★	5.5%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	5 20.0%	0 0.0%	0 0.0%	2 8.3%	4 16.7%	0 0.0%	0 0.0%	0 0.0%	9 36.0%
Total	70.1%	25 100.0%	17 81.0%	21 84.0%	15 88.2%	25 100.0%	24 100.0%	22 91.7%	21 87.5%	21 87.5%	12 48.0%	2 9.5%	0 0.0%	10 40.0%

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.

★ = On track for meeting the annual Current State Fiscal Year Standard. ★★ = On track for meeting the annual Best Practice Standard.

2. Percent Met only includes measures where the performance standard is met/unmet this quarter. It does not include annual measures (e.g. Work First) for which final results will not be available until year-end.

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General Administration and Governance.
1.1.1. Local Business Plan Implementation

Performance Requirement: LME submits a quarterly update report by the 30th day of the month following the end of each quarter. Reports shall be submitted on time, show evidence of Local Business Plan implementation and modification, and contain a signed statement by the Consumer and Family Advisory Council (CFAC) indicating it was given an opportunity to review and comment on the report and any modifications.

Best Practice Standard: 100% of reports are received by the due date, show evidence of implementation, and contain a signed CFAC statement.

SFY 2006 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/30/05)				2nd Qtr Report (Due 1/30/06)				3rd Qtr Report (Due 4/30/06)				4th Qtr Report (Due 7/30/06)			
	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²
Alamance-Caswell-Rockingham	10/28/05	Yes	Yes	★★												
Albemarle	10/28/05	Yes	Yes	★★												
Catawba	10/17/05	Yes	Yes	★★												
CenterPoint	10/28/05	Yes	Yes	★★												
Crossroads	10/28/05	Yes	Yes	★★												
Cumberland	10/24/05	Yes	Yes	★★												
Durham	10/14/05	Yes	Yes	★★												
Eastpointe	10/28/05	Yes	Yes	★★												
Edgecombe-Nash	Subject to Performance Agreement															
Five County	10/28/05	Yes	Yes	★★												
Foothills	10/30/05	Yes	Yes	★★												
Guilford	10/17/05	Yes	Yes	★★												
Johnston	10/24/05	Yes	Yes	★★												
Mecklenburg	10/28/05	Yes	Yes	★★												
Neuse	10/4/05	Yes	Yes	★★												
New River	10/30/05	Yes	Yes	★★												
Onslow-Carteret	10/28/05	Yes	Yes	★★												
Orange-Person-Chatham	10/18/05	Yes	Yes	★★												
Pathways	10/27/05	Yes	Yes	★★												
Pitt	10/30/05	Yes	Yes	★★												
Roanoke-Chowan	Subject to Performance Agreement															
Sandhills Center	10/30/05	Yes	Yes	★★												
Smoky Mountain	10/30/05	Yes	Yes	★★												
Southeastern Center	10/25/05	Yes	Yes	★★												
Southeastern Regional	10/27/05	Yes	Yes	★★												
Tideland	Subject to Performance Agreement															
Wake	10/28/05	Yes	Yes	★★												
Western Highlands	10/30/05	Yes	Yes	★★												
Wilson-Greene	Subject to Performance Agreement															

Number and Percent of LMEs that met the Best Practice Standard:

25 (100%)

0 (0%)

0 (0%)

0 (0%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Access, Triage and Referral.
1.2.1. Access to Emergent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2006 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Emergent Care								
			Determined To Need		Provided Within 2 Hours		Access Available But Not Seen ² in 2 Hours		Total Provided Access Within 2 Hours ³		
			# Persons	% Persons Requesting Services	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	# Persons	% Persons ⁴ Determined To Need	Met Std ⁵
Alamance-Caswell-Rockingham	10/28/05	1,448	345	23.8%	345	100.0%	0	0.0%	345	100.0%	★★
Albemarle	10/20/05	1,300	61	4.7%	58	95.1%	3	4.9%	61	100.0%	★★
Catawba	10/18/05	1,783	26	1.5%	26	100.0%	0	0.0%	26	100.0%	★★
CenterPoint	10/14/05	3,525	579	16.4%	562	97.1%	17	2.9%	579	100.0%	★★
Crossroads	10/10/05	2,002	286	14.3%	286	100.0%	0	0.0%	286	100.0%	★★
Cumberland	10/20/05	1,584	156	9.8%	145	92.9%	9	5.8%	154	98.7%	★
Durham	10/20/05	1,565	210	13.4%	210	100.0%	0	0.0%	210	100.0%	★★
Eastpointe	10/25/05	1,231	54	4.4%	54	100.0%	0	0.0%	54	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement										
Five County	10/19/05	1,559	432	27.7%	422	97.7%	6	1.4%	428	99.1%	★
Foothills	10/20/05	2,629	395	15.0%	395	100.0%	0	0.0%	395	100.0%	★★
Guilford	10/11/05	6,270	969	15.5%	966	99.7%	3	0.3%	969	100.0%	★★
Johnston	10/20/05	492	2	0.4%	2	100.0%	0	0.0%	2	100.0%	★★
Mecklenburg	10/13/05	1,587	16	1.0%	8	50.0%	8	50.0%	16	100.0%	★★
Neuse	10/18/05	959	309	32.2%	307	99.4%	2	0.6%	309	100.0%	★★
New River	10/19/05	3,815	140	3.7%	140	100.0%	0	0.0%	140	100.0%	★★
Onslow-Carteret	10/20/05	1,511	138	9.1%	138	100.0%	0	0.0%	138	100.0%	★★
Orange-Person-Chatham	10/13/05	561	2	0.4%	2	100.0%	0	0.0%	2	100.0%	★★
Pathways	10/20/05	2,184	492	22.5%	461	93.7%	31	6.3%	492	100.0%	★★
Pitt	10/20/05	631	47	7.4%	44	93.6%	3	6.4%	47	100.0%	★★
Roanoke-Chowan	Subject to Performance Agreement										
Sandhills Center	10/20/05	3,118	732	23.5%	712	97.3%	20	2.7%	732	100.0%	★★
Smoky Mountain	10/12/05	870	297	34.1%	227	76.4%	70	23.6%	297	100.0%	★★
Southeastern Center	10/14/05	1,640	8	0.5%	7	87.5%	1	12.5%	8	100.0%	★★
Southeastern Regional	10/21/05	1,148	41	3.6%	39	95.1%	1	2.4%	40	97.6%	★
Tideland	Subject to Performance Agreement										
Wake	10/20/05	2,396	390	16.3%	334	85.6%	56	14.4%	390	100.0%	★★
Western Highlands	10/28/05	2,701	212	7.8%	212	100.0%	0	0.0%	212	100.0%	★★
Wilson-Greene	Subject to Performance Agreement										
Total		48,509	6,339	13.1%	6,102	96.3%	230	3.6%	6,332	99.9%	★

Number and Pct of LMEs that met the Best Practice Standard:

22 (88%)

Number and Pct of LMEs that met the SFY 2006 Standard:

3 (12%)

Total

25 (100%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Access Available But Not Seen is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
- Total Provided Access Within 2 Hours includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2006 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Local Management Entity	Date Report Received¹	# Persons Requesting Services	Urgent Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 48 Hours			Offered But Declined²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons³ Determined To Need	Met Std⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	10/28/05	1,448	40	2.8%	37	92.5%	★	1	2.5%	1	2.5%	97.5%
Albemarle	10/20/05	1,300	328	25.2%	298	90.9%	★	10	3.0%	13	4.0%	97.9%
Catawba	10/18/05	1,783	25	1.4%	24	96.0%	★	0	0.0%	1	4.0%	100.0%
CenterPoint	10/14/05	3,525	130	3.7%	Not reported	0.0%		Not reported	0.0%	Not reported	0.0%	0.0%
Crossroads	10/10/05	2,002	114	5.7%	107	93.9%	★	3	2.6%	4	3.5%	100.0%
Cumberland	10/20/05	1,584	105	6.6%	87	82.9%		6	5.7%	10	9.5%	98.1%
Durham	10/20/05	1,565	499	31.9%	498	99.8%	★	1	0.2%	0	0.0%	100.0%
Eastpointe	10/25/05	1,231	25	2.0%	25	100.0%	★★	0	0.0%	0	0.0%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Five County	10/19/05	1,559	132	8.5%	115	87.1%	★	3	2.3%	14	10.6%	100.0%
Foothills	10/20/05	2,629	196	7.5%	196	100.0%	★★	0	0.0%	0	0.0%	100.0%
Guilford	10/11/05	6,270	27	0.4%	23	85.2%	★	2	7.4%	2	7.4%	100.0%
Johnston	10/20/05	492	7	1.4%	7	100.0%	★★	0	0.0%	0	0.0%	100.0%
Mecklenburg	10/13/05	1,587	6	0.4%	6	100.0%	★★	0	0.0%	0	0.0%	100.0%
Neuse	10/18/05	959	99	10.3%	96	97.0%	★	0	0.0%	3	3.0%	100.0%
New River	10/19/05	3,815	715	18.7%	711	99.4%	★	1	0.1%	3	0.4%	100.0%
Onslow-Carteret	10/20/05	1,511	755	50.0%	747	98.9%	★	0	0.0%	8	1.1%	100.0%
Orange-Person-Chatham	10/13/05	561	23	4.1%	17	73.9%		0	0.0%	6	26.1%	100.0%
Pathways	10/20/05	2,184	391	17.9%	373	95.4%	★	5	1.3%	10	2.6%	99.2%
Pitt	10/20/05	631	66	10.5%	41	62.1%		7	10.6%	18	27.3%	100.0%
Roanoke-Chowan	Subject to Performance Agreement											
Sandhills Center	10/20/05	3,118	466	14.9%	409	87.8%	★	33	7.1%	24	5.2%	100.0%
Smoky Mountain	10/12/05	870	270	31.0%	198	73.3%		3	1.1%	67	24.8%	99.3%
Southeastern Center	10/14/05	1,640	340	20.7%	317	93.2%	★	3	0.9%	5	1.5%	95.6%
Southeastern Regional	10/21/05	1,148	192	16.7%	81	42.2%		9	4.7%	13	6.8%	53.6%
Tideland	Subject to Performance Agreement											
Wake	10/20/05	2,396	353	14.7%	325	92.1%	★	16	4.5%	12	3.4%	100.0%
Western Highlands	10/28/05	2,701	247	9.1%	175	70.9%		41	16.6%	22	8.9%	96.4%
Wilson-Greene	Subject to Performance Agreement											
Total		48,509	5,551	11.4%	4,913	88.5%	★	144	2.6%	236	4.3%	95.4%

Number and Pct of LMEs that met the Best Practice Standard:

4 (16%)

Number and Pct of LMEs that met the SFY 2006 Standard:

14 (56%)

Total

18 (72%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Offered But Declined includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Access, Triage and Referral.
1.2.3. Access to Routine Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: **100%** of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2006 Standard: **85%** of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Routine Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 7 Days			Offered But Declined ²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons ³ Determined To Need	Met Std ⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	10/28/05	1,448	1,063	73.4%	1,042	98.0%	★	0	0.0%	0	0.0%	98.0%
Albemarle	10/20/05	1,300	911	70.1%	542	59.5%		98	10.8%	169	18.6%	88.8%
Catawba	10/18/05	1,783	1,037	58.2%	538	51.9%		141	13.6%	261	25.2%	90.6%
CenterPoint	10/14/05	3,525	2,816	79.9%	Not reported	0.0%		Not reported	0.0%	Not reported	0.0%	0.0%
Crossroads	10/10/05	2,002	1,339	66.9%	798	59.6%		0	0.0%	0	0.0%	59.6%
Cumberland	10/20/05	1,584	1,098	69.3%	558	50.8%		106	9.7%	358	32.6%	93.1%
Durham	10/20/05	1,565	853	54.5%	385	45.1%		86	10.1%	290	34.0%	89.2%
Eastpointe	10/25/05	1,231	1,051	85.4%	592	56.3%		459	43.7%	0	0.0%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Five County	10/19/05	1,559	995	63.8%	524	52.7%		75	7.5%	226	22.7%	82.9%
Foothills	10/20/05	2,629	2,038	77.5%	1,445	70.9%		343	16.8%	250	12.3%	100.0%
Guilford	10/11/05	6,270	1,620	25.8%	1,217	75.1%		190	11.7%	213	13.1%	100.0%
Johnston	10/20/05	492	483	98.2%	123	25.5%		83	17.2%	126	26.1%	68.7%
Mecklenburg	10/13/05	1,587	1,340	84.4%	1,220	91.0%	★	44	3.3%	0	0.0%	94.3%
Neuse	10/18/05	959	551	57.5%	471	85.5%	★	5	0.9%	75	13.6%	100.0%
New River	10/19/05	3,815	2,180	57.1%	1,831	84.0%		240	11.0%	109	5.0%	100.0%
Onslow-Carteret	10/20/05	1,511	591	39.1%	480	81.2%		13	2.2%	98	16.6%	100.0%
Orange-Person-Chatham	10/13/05	561	507	90.4%	329	64.9%		26	5.1%	152	30.0%	100.0%
Pathways	10/20/05	2,184	1,139	52.2%	1,032	90.6%	★	40	3.5%	50	4.4%	98.5%
Pitt	10/20/05	631	462	73.2%	324	70.1%		31	6.7%	107	23.2%	100.0%
Roanoke-Chowan	Subject to Performance Agreement											
Sandhills Center	10/20/05	3,118	1,745	56.0%	1,225	70.2%		178	10.2%	342	19.6%	100.0%
Smoky Mountain	10/12/05	870	303	34.8%	135	44.6%		0	0.0%	61	20.1%	64.7%
Southeastern Center	10/14/05	1,640	1,292	78.8%	1,076	83.3%		34	2.6%	110	8.5%	94.4%
Southeastern Regional	10/21/05	1,148	915	79.7%	211	23.1%		254	27.8%	58	6.3%	57.2%
Tideland	Subject to Performance Agreement											
Wake	10/20/05	2,396	1,084	45.2%	702	64.8%		56	5.2%	58	5.4%	75.3%
Western Highlands	10/28/05	2,701	2,107	78.0%	1,264	60.0%		219	10.4%	155	7.4%	77.7%
Wilson-Greene	Subject to Performance Agreement											
Total		48,509	29,520	60.9%	18,064	61.2%		2,721	9.2%	3,268	11.1%	81.5%

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

4 (16%)

Total

4 (16%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. **Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Access, Triage and Referral.
1.2.4. Access Line

Performance Requirement: LME maintains a toll-free Access Line that is staffed 24 hours per day every day with trained personnel. Calls are answered within 6 rings. DHHS will monitor the number of rings it takes to answer the Access Line through a mystery shopper program. A minimum of 10 calls per quarter will be sampled.

Best Practice Standard: 100% of calls are answered within 6 rings.

SFY 2006 Standard: 85% of calls are answered within 6 rings.

Local Management Entity	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹
		#	% ²			#	% ²			#	% ²			#	% ²	
Alamance-Caswell-Rockingham	10	10	100.0%	★★												
Albemarle	10	10	100.0%	★★												
Catawba	10	8	80.0%													
CenterPoint	10	9	90.0%	★												
Crossroads	10	9	90.0%	★												
Cumberland	10	7	70.0%													
Durham	10	10	100.0%	★★												
Eastpointe	10	10	100.0%	★★												
Edgecombe-Nash	Subject to Performance Agreement															
Five County	10	8	80.0%													
Foothills	10	10	100.0%	★★												
Guilford	10	10	100.0%	★★												
Johnston	10	10	100.0%	★★												
Mecklenburg	10	9	90.0%	★												
Neuse	10	10	100.0%	★★												
New River	10	10	100.0%	★★												
Onslow-Carteret	10	10	100.0%	★★												
Orange-Person-Chatham	10	7	70.0%													
Pathways	10	9	90.0%	★												
Pitt	10	10	100.0%	★★												
Roanoke-Chowan	Subject to Performance Agreement															
Sandhills Center	10	6	60.0%													
Smoky Mountain	10	10	100.0%	★★												
Southeastern Center	10	7	70.0%													
Southeastern Regional	10	7	70.0%													
Tideland	Subject to Performance Agreement															
Wake	10	6	60.0%													
Western Highlands	10	10	100.0%	★★												
Wilson-Greene	Subject to Performance Agreement															

Number and Pct of LMEs that met the Best Practice Standard:	15 (60%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2006 Standard:	4 (16%)	0 (0%)	0 (0%)	0 (0%)
Total	19 (76%)	0 (0%)	0 (0%)	0 (0%)

Notes:

- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- Percents less than 85% are shaded.

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Service Management.
1.3.5. Transition To Community Services (Community Capacity Plan - MH)

Performance Requirement: LMEs are required to develop and implement a Community Capacity Plan to facilitate the transition of consumers from State-Oper community-based services, within available resources allocated by DMH/DD/SAS and from those earned via Medicaid billings. DHHS shall approve these plan implementation to ensure that services and supports are developed and/or community capacity is expanded according to the parameters set forth in each appi

Best Practice Standard: 100% of services and supports are developed or capacity is expanded according to the parameters in the approved plan.
SFY 2005 Standard: 80% of services and supports are developed or capacity is expanded according to the parameters in the approved plan.

Local Management Entity	# of Services and Supports Planned	# Developed or Expanded Capacity According to the Parameters	# In Development and Progressing as Planned	Total # Planned Services and Supports that Met Parameters	% of Planned Services and Supports that Met Parameters ¹	Standard Met ²	Remarks
Alamance-Caswell-Rockingham							Subject to Performance Agreement
Albemarle							Subject to Performance Agreement
Catawba	N/A						Funds were either not requested or provided in SFY05.
CenterPoint	2		2	2	100.0%	★★	
Crossroads	2	1	1	2	100.0%	★★	
Cumberland	N/A						Funds were either not requested or provided in SFY05.
Durham	2	1	1	2	100.0%	★★	
Eastpointe	6		4	4	66.7%		
Edgecombe-Nash							Subject to Performance Agreement
Five County	3		3	3	100.0%	★★	Received funding as VGFW.
Foothills	N/A						Funds were either not requested or provided in SFY05.
Guilford	5	3	2	5	100.0%	★★	
Johnston	1	1		1	100.0%	★★	
Mecklenburg	1		1	1	100.0%	★★	
Neuse	1			0	0.0%		
New River	N/A						Funds were either not requested or provided in SFY05.
Onslow-Carteret	N/A						Funds were either not requested or provided in SFY05.
Orange-Person-Chatham	2		2	2	100.0%	★★	
Pathways							Subject to Performance Agreement
Pitt	1		1	1	100.0%	★★	
Roanoke-Chowan							Subject to Performance Agreement
Sandhills Center	1	1		1	100.0%	★★	
Smoky Mountain	1	1		1	100.0%	★★	
Southeastern Center	1	1		1	100.0%	★★	
Southeastern Regional	N/A						Funds were either not requested or provided in SFY05.
Tideland							Subject to Performance Agreement
Wake	1		1	1	100.0%	★★	
Western Highlands							Subject to Performance Agreement
Wilson-Greene							Subject to Performance Agreement

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2005 Standard:

Total

13 (86.7%)

0 (0%)

13 (86.7%)

Notes:

1. Percentages below 80% are shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Service Management.
1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.
SFY 2006 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Psychiatric Hospital - Adult Admissions				Psychiatric Hospital - Adult Long-Term				Psychiatric Hospital - Child/Adolescent				Psychiatric Hospital - Geriatric			
	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²
YTD Straight-line Percentage:	25%				25%				25%				25%			
Alamance-Caswell-Rockingham	6,352	832	13.1%		5,605	251	4.5%		2,021	517	25.6%		2,024	180	8.9%	
Albemarle	1,749	361	20.6%		3,202	419	13.1%		338	65	19.2%		373	73	19.6%	
Catawba	1,160	432	37.2%		1,159	368	31.8%		472	30	6.4%		267	1	0.4%	
CenterPoint	7,251	2,080	28.7%		7,717	1,149	14.9%		1,448	272	18.8%		1,052	305	29.0%	
Crossroads	4,180	959	22.9%		2,441	462	18.9%		1,041	136	13.1%		350	368	105.1%	
Cumberland	3,506	895	25.5%		2,090	1,037	49.6%		591	205	34.7%		681	155	22.8%	
Durham	7,611	1,028	13.5%		7,682	798	10.4%		3,142	559	17.8%		1,259	494	39.2%	
Eastpointe	7,044	1,809	25.7%		11,500	1,747	15.2%		833	312	37.5%		2,156	328	15.2%	
Edgecombe-Nash	Subject to Performance Agreement															
Five County	3,735	969	25.9%		3,107	593	19.1%		1,472	308	20.9%		907	339	37.4%	
Foothills	5,871	961	16.4%		3,631	553	15.2%		2,405	334	13.9%		1,442	415	28.8%	
Guilford	10,043	1,534	15.3%		7,749	939	12.1%		2,184	551	25.2%		1,226	331	27.0%	
Johnston	1,251	329	26.3%		389	451	115.9%		1,436	317	22.1%		443	19	4.3%	
Mecklenburg	5,065	1,952	38.5%		6,881	1,316	19.1%		567	254	44.8%		1,070	270	25.2%	
Neuse	2,146	617	28.8%		5,230	681	13.0%		515	151	29.3%		485	140	28.9%	
New River	3,351	696	20.8%		2,347	567	24.2%		855	18	2.1%		617	125	20.3%	
Onslow-Carteret	3,378	526	15.6%		5,205	959	18.4%		712	237	33.3%		420	125	29.8%	
Orange-Person-Chatham	4,090	590	14.4%		3,545	376	10.6%		1,413	598	42.3%		792	473	59.7%	
Pathways	6,918	1,582	22.9%		3,318	1,106	33.3%		929	214	23.0%		937	120	12.8%	
Pitt	2,917	436	14.9%		4,910	853	17.4%		409	108	26.4%		412	30	7.3%	
Roanoke-Chowan	Subject to Performance Agreement															
Sandhills Center	6,920	1,171	16.9%		3,806	447	11.7%		3,289	803	24.4%		1,599	223	13.9%	
Smoky Mountain	3,794	522	13.8%		2,288	307	13.4%		927	466	50.3%		507	307	60.6%	
Southeastern Center	4,291	1,260	29.4%		8,977	1,286	14.3%		858	394	45.9%		530	223	42.1%	
Southeastern Regional	2,713	460	17.0%		1,490	260	17.4%		1,002	388	38.7%		733	256	34.9%	
Tideland	Subject to Performance Agreement															
Wake	12,542	3,539	28.2%		7,794	1,952	25.0%		5,449	1,206	22.1%		3,618	810	22.4%	
Western Highlands	12,107	2,726	22.5%		7,436	2,174	29.2%		2,480	417	16.8%		1,324	519	39.2%	
Wilson-Greene	Subject to Performance Agreement															

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2006 Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Notes:

- Percentages that exceed the annual SFY 2006 Performance Contract Standard are shaded red and in bold print. YTD straight-line percentage for the current quarter is 25%. Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange. Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
- ★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

Service Management.
1.3.5. Transition To Community Services (ADATC Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.

SFY 2006 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Alcohol and Drug Abuse Treatment Center (ADATC) - Substance Abuse			
	Annual Allocation	YTD # Used	YTD % Used ¹ [Straight-line = 25%]	Standard Met ²
Alamance-Caswell-Rockingham	2,971	416	14.0%	
Albemarle	1,493	473	31.7%	
Catawba	1,167	225	19.3%	
CenterPoint	1,629	281	17.2%	
Crossroads	1,306	315	24.1%	
Cumberland	1,276	127	10.0%	
Durham	2,231	105	4.7%	
Eastpointe	2,147	420	19.6%	
Edgecombe-Nash	Subject to Performance Agreement			
Five County	1,494	255	17.1%	
Foothills	2,179	676	31.0%	
Guilford	2,754	297	10.8%	
Johnston	725	10	1.4%	
Mecklenburg	6,016	775	12.9%	
Neuse	748	165	22.1%	
New River	1,253	467	37.3%	
Onslow-Carteret	2,144	376	17.5%	
Orange-Person-Chatham	2,335	310	13.3%	
Pathways	2,087	503	24.1%	
Pitt	1,635	476	29.1%	
Roanoke-Chowan	Subject to Performance Agreement			
Sandhills Center	3,971	678	17.1%	
Smoky Mountain	1,723	412	23.9%	
Southeastern Center	4,073	800	19.6%	
Southeastern Regional	1,606	106	6.6%	
Tideland	Subject to Performance Agreement			
Wake	2,455	105	4.3%	
Western Highlands	5,213	1,144	21.9%	
Wilson-Greene	Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

0 (0%)

Notes:

- Percentages that exceed the annual SFY 2006 Performance Contract Standard are shaded and in bold print. YTD straight-line percentage for the current quarter is 25%. Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange. Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
- ★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

Provider Relations And Support.
1.4.2. SB 163 Provider Monitoring

Performance Requirement: The LME develops Provider Monitoring policies and procedures and monitors providers in its catchment area in accordance with SL 2002-164, 10A NCAC 27G .0600, and its written policies and procedures. The LME shall submit monthly Provider Monitoring Reports to DHHS summarizing its monitoring activities. These reports shall be reviewed to ensure that identified issues are being followed-up and resolved or referred to DHHS in a timely manner. DHHS shall annually review the LME's written policies and procedures (P&Ps) to ensure that all required elements are addressed and shall review the LME's implementation of its P&Ps.

Best Practice Standard: Policies and procedures are developed, contain all required elements, and are implemented. **100%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

SFY 2006 Standard: Policies and procedures are developed, contain all required elements, and are implemented. **85%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

Local Management Entity	# of Providers Monitored	# of Providers With Issues	# With Issues Addressed ¹ Within Timelines	# With Issues Referred to DHHS	% Addressed or Referred ²	Standard Met ³	P&Ps Contain All Required Elements	P&Ps Satisfactorily Implemented	Standard Met ³
Alamance-Caswell-Rockingham	21	16	15	1	100.0%	★★			
Albemarle	13	0				★★			
Catawba	26	26	21		80.8%		Results for this portion of the report will be provided in the Second Quarter FY06 report.		
CenterPoint	44	31	27	4	100.0%	★★			
Crossroads	26	6	1		16.7%				
Cumberland	57	48	38	7	93.8%	★			
Durham	11	7	7		100.0%	★★			
Eastpointe	18	16	16		100.0%	★★			
Edgecombe-Nash		Subject to Performance Agreement							
Five County	8	8	7		87.5%	★			
Foothills	12	0				★★			
Guilford	45	44	25	7	72.7%				
Johnston	8	7	7		100.0%	★★			
Mecklenburg	92	67	58	7	97.0%	★			
Neuse	4	4	4		100.0%	★★			
New River	8	8	7	1	100.0%	★★			
Onslow-Carteret	17	4	4		100.0%	★★			
Orange-Person-Chatham	6	6	6		100.0%	★★			
Pathways	54	52	51		98.1%	★			
Pitt	23	13	12	1	100.0%	★★			
Roanoke-Chowan		Subject to Performance Agreement							
Sandhills Center	59	45	33	8	91.1%	★			
Smoky Mountain	12	12	8	2	83.3%				
Southeastern Center	9	8	5	1	75.0%				
Southeastern Regional	25	23	23		100.0%	★★			
Tideland		Subject to Performance Agreement							
Wake	37	28	28		100.0%	★★			
Western Highlands	19	17	12		70.6%				
Wilson-Greene		Subject to Performance Agreement							

Number and Pct of LMEs that met the Best Practice Standard:

14 (56%)

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

5 (20%)

0 (0%)

Total

19 (76%)

0 (0%)

Notes:

1. "Addressed" means that as of the date of the monthly monitoring report (4 months following the monitoring visit), either the issues have been resolved, or improvement plans have been implemented and the LME is working with the provider to ensure that improvements are sustained.

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Quality Management and Outcomes Evaluation.
1.6.3. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) recommendations for next steps. DHHS will review the reports for evidence of an effective incident review process.

Best Practice Standard: 100% of reports are submitted on time and show clear evidence of an effective process containing elements (1)-(5).
SFY 2006 Standard: 75% of reports identify trends, contain plans, actions and results [elements (1)-(4)] for how the LME is addressing those trends to make improvement in services.

Local Management Entity	1st Qtr Report (Due 10/20/05)		2nd Qtr Report (Due 1/20/06)		3rd Qtr Report (Due 4/20/06)		4th Qtr Report (Due 7/20/06)		Standard Met ²
	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	
Alamance-Caswell-Rockingham	10/18/05	All 5							☆☆
Albemarle	10/31/05	All 5							☆☆
Catawba	10/19/05	All 5							☆☆
CenterPoint	10/17/05	All 5							☆☆
Crossroads	10/20/05	All 5							☆☆
Cumberland	10/19/05	All 5							☆☆
Durham	10/19/05	All 5							☆☆
Eastpointe	10/20/05	All 5							☆☆
Edgecombe-Nash	Subject to Performance Agreement								
Five County	10/5/05	All 5							☆☆
Foothills	10/19/05	All 5							☆☆
Guilford	10/12/05	All 5							☆☆
Johnston	10/20/05	All 5							☆☆
Mecklenburg	10/19/05	All 5							☆☆
Neuse	10/17/05	All 5							☆☆
New River	10/10/05	All 5							☆☆
Onslow-Carteret	10/20/05	All 5							☆☆
Orange-Person-Chatham	10/13/05	All 5							☆☆
Pathways	10/20/05	All 5							☆☆
Pitt	10/14/05	All 5							☆☆
Roanoke-Chowan	Subject to Performance Agreement								
Sandhills Center	10/20/05	All 5							☆☆
Smoky Mountain	10/20/05	All 5							☆☆
Southeastern Center	10/21/05	All 5							☆☆
Southeastern Regional	10/20/05	All 5							☆☆
Tideland	Subject to Performance Agreement								
Wake	10/19/05	First 4							☆
Western Highlands	10/24/05	All 5							☆☆
Wilson-Greene	Subject to Performance Agreement								

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:

24 (96%)

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2006 Standard:

1 (4%)

Total

25 (100%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.
- The performance standard is an annual standard. Progress is reported quarterly. The Standard Met calculations give credit for meeting the first two quarters.
 ☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆ = On track for meeting the Best Practice Standard.
 ★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report

Information Management, Analysis, and Reporting.
1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/05)			2nd Qtr Report (Due 1/20/06)			3rd Qtr Report (Due 4/20/06)			4th Qtr Cash-Basis Report (Due 8/31/06)		4th Qtr Accrual- Basis Report (Due 8/31/06)		Standard Met ²
	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Date Received 1	Accurate, Complete	
Alamance-Caswell-Rockingham	10/20/05	Yes	★★											
Albemarle	10/20/05	Yes	★★											
Catawba	10/20/05	Yes	★★											
CenterPoint	10/19/05	Yes	★★											
Crossroads	10/31/05	Yes												
Cumberland	10/13/05	Yes	★★											
Durham	10/17/05	Yes	★★											
Eastpointe	10/20/05	Yes	★★											
Edgecombe-Nash	Subject to Performance Agreement													
Five County	10/19/05	Yes	★★											
Foothills	10/20/05	Yes	★★											
Guilford	10/11/05	Yes	★★											
Johnston	10/19/05	Yes	★★											
Mecklenburg	10/14/05	Yes	★★											
Neuse	10/18/05	Yes	★★											
New River	11/7/05	Yes												
Onslow-Carteret	Not Rec'd													
Orange-Person-Chatham	10/20/05	Yes	★★											
Pathways	10/19/05	Yes	★★											
Pitt	10/20/05	Yes	★★											
Roanoke-Chowan	Subject to Performance Agreement													
Sandhills Center	10/17/05	Yes	★★											
Smoky Mountain	Not Rec'd													
Southeastern Center	10/17/05	Yes	★★											
Southeastern Regional	10/18/05	Yes	★★											
Tideland	Subject to Performance Agreement													
Wake	10/20/05	Yes	★★											
Western Highlands	10/20/05	Yes	★★											
Wilson-Greene	Subject to Performance Agreement													

No. and % of LMEs that met the Best Practice Standard 21 (84%) 0 (0%) 0 (0%) 0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Reports (Due 10/20/05)							2nd Qtr Reports (Due 1/20/06)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete		Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			10/10/05	Yes			★★							
Albemarle					10/20/05	Yes	★★							
Catawba														
CenterPoint	10/17/05	Yes	10/17/05	Yes			★★							
Crossroads														
Cumberland	10/4/05	Yes	10/11/05	Yes			★★							
Durham		No	10/20/05	Yes										
Eastpointe			N/A 1st Quarter		10/5/05	Yes	★★							
Edgecombe-Nash					Subject to Performance Agreement							Subject to Performance Agreement		
Five County			N/A 1st Quarter											
Foothills	10/17/05	Yes					★★							
Guilford	10/3/05	Yes	10/20/05	Yes			★★							
Johnston														
Mecklenburg	10/13/05	Yes					★★							
Neuse			10/20/05	Yes	10/18/05	Yes	★★							
New River														
Onslow-Carteret														
Orange-Person-Chatham														
Pathways	10/20/05	Yes					★★							
Pitt	10/13/05	Yes	10/13/05	Yes			★★							
Roanoke-Chowan					Subject to Performance Agreement							Subject to Performance Agreement		
Sandhills Center	11/8/05	Yes	10/18/05	Yes										
Smoky Mountain														
Southeastern Center	10/20/05	Yes					★★							
Southeastern Regional					10/3/05	Yes	★★							
Tideland			10/19/05	Yes	Subject to Performance Agreement							Subject to Performance Agreement		
Wake	10/20/05	Yes	10/20/05	Yes			★★							
Western Highlands			N/A 1st Quarter											
Wilson-Greene					Subject to Performance Agreement							Subject to Performance Agreement		

Met the Best Practice Standard:

Met the SFY2006 Standard:

Total

15 (88.2%)

0 (0%)

15 (88.2%)

0 (0%)

0 (0%)

0 (0%)

Notes:

1. Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the Current SFY Standard.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.1.6. System Monitoring - Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Report (Due 10/20/05)		2nd Qtr Report (Due 1/20/06)		3rd Qtr Report (Due 4/20/06)		4th Qtr Report (Due 7/20/06)		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham	10/14/05	Yes							☆☆
Albemarle	10/20/05	Yes							☆☆
Catawba	10/26/05	Yes							☆
CenterPoint	10/13/05	Yes							☆☆
Crossroads	10/20/05	Yes							☆☆
Cumberland	10/20/05	Yes							☆☆
Durham	10/20/05	Yes							☆☆
Eastpointe	10/12/05	Yes							☆☆
Edgecombe-Nash	Subject to Performance Agreement								
Five County	10/27/05	Yes							☆
Foothills	10/20/05	Yes							☆☆
Guilford	10/12/05	Yes							☆☆
Johnston	10/24/05	Yes							☆
Mecklenburg	10/20/05	Yes							☆☆
Neuse	10/19/05	Yes							☆☆
New River	10/20/05	Yes							☆☆
Onslow-Carteret	10/20/05	Yes							☆☆
Orange-Person-Chatham	10/20/05	Yes							☆☆
Pathways	10/13/05	Yes							☆☆
Pitt	10/14/05	Yes							☆☆
Roanoke-Chowan	Subject to Performance Agreement								
Sandhills Center	10/19/05	Yes							☆☆
Smoky Mountain	10/19/05	Yes							☆☆
Southeastern Center	10/21/05	Yes							☆
Southeastern Regional	10/18/05	Yes							☆☆
Tideland	Subject to Performance Agreement								
Wake	10/27/05	Yes							☆
Western Highlands	10/10/05	Yes							☆☆
Wilson-Greene	Subject to Performance Agreement								

Number and Pct of LMEs that met the Best Practice Standard:

20 (80%)

Number and Pct of LMEs that met the SFY 2006 Standard:

5 (20%)

Total

25 (100%)

Notes:

- Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the SFY2005 Standard.
- The performance standard is an annual standard. Progress is reported quarterly.

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions

Performance Requirement: LME submits required CDW record types by the 15th of each month (1 quarter lag time). Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of October 31, 2005.

Local Management Entity	Facility Code	JUL	AUG	SEP	First Quarter Adm SFY2006	First Quarter Adm SFY2005	Monthly Average SFY2006	Monthly Average SFY2005
Alamance-Caswell-Rockingham	23051	131	152	115	398	68	133	23
Albemarle	43121	141	135	123	399	417	133	139
Catawba	13091	143	171	155	469	534	156	178
CenterPoint	23021	282	257	238	777	1,086	259	362
CrossRoads	23011	127	151	113	391	314	130	105
Cumberland	33051	300	366	312	978	906	326	302
Durham	23071	213	218	136	567	508	189	169
Eastpointe	43081	101	35	0	136	742	45	247
Edgecombe-Nash	43051	Subject to Performance Agreement						
Five County	23081	131	162	107	400	425	133	142
Foothills	13051	102	106	78	286	188	95	63
Guilford	23041	291	281	229	801	1,038	267	346
Johnston	33071	115	149	139	403	327	134	109
Mecklenburg	13102	Waived until Nov 06 due to major system						
Neuse	43071	49	87	35	171	162	57	54
New River	13030	154	170	134	458	511	153	170
Onslow-Carteret	43021	76	92	67	235	117	78	39
Orange-Person-Chatham	23061	153	164	126	443	374	148	125
Pathways	13081	374	386	378	1,138	1,353	379	451
Pitt	43091	625	108	103	836	273	279	91
Roanoke-Chowan	43101	Subject to Performance Agreement						
Sandhills	33031	346	400	279	1,025	1,297	342	432
Smoky Mountain	13010	244	336	0	580	802	193	267
Southeastern Center	43011	171	138	151	460	671	153	224
Southeastern Regional	33041	93	170	170	433	490	144	163
Tideland	43111	Subject to Performance Agreement						
Wake	33081	241	298	183	722	553	241	184
Western Highlands	13131	391	434	328	1,153	1,274	384	425
Wilson-Greene	43041	Subject to Performance Agreement						
TOTAL ADMISSIONS		4,994	4,966	3,699	13,659	14,430	4,553	4,810

Data that are shaded are incomplete or appear to be inaccurate.

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Information Management, Analysis, and Reporting.
1.8.2.2. Consumer Information - Client Data Warehouse (CDW)
Completeness of Required Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month (1 quarter lag time). Data has been entered in all required fields.

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) where all required data fields are complete.

Best Practice Standard: 90% of all required data fields are complete for the prior quarter.

SFY 2006 Standard: 80% of all required data fields are complete for the prior quarter.

Local Management Entity	Area Code	State Of Residence	Ability To Pay	Competency Status	EAP Code	Education Level	Employment Status	Veteran Status	Standard Met ²
Alamance-Caswell-Rockingham	205	100%	98%	100%	100%	100%	100%	100%	★★
Albemarle	412	100%	100%	100%	100%	100%	100%	100%	★★
Catawba	109	100%	100%	100%	100%	100%	100%	100%	★★
CenterPoint	202	100%	100%	100%	100%	100%	100%	100%	★★
Crossroads	201	100%	98%	100%	100%	100%	100%	100%	★★
Cumberland	305	100%	100%	100%	100%	100%	100%	100%	★★
Durham	207	100%	100%	99%	100%	100%	100%	98%	★★
Eastpointe	408	100%	100%	100%	99%	100%	100%	100%	★★
Edgecombe-Nash	405	Subject to Performance Agreement							
Five County	208	100%	100%	100%	100%	100%	100%	100%	★★
Foothills	105	100%	100%	100%	100%	100%	100%	100%	★★
Guilford	204	100%	100%	100%	100%	100%	100%	100%	★★
Johnston	307	100%	100%	100%	100%	100%	100%	100%	★★
Mecklenburg	110	Waived until Nov 06 due to major system							
Neuse	407	100%	100%	100%	100%	100%	100%	100%	★★
New River	103	100%	92%	100%	100%	100%	100%	100%	★★
Onslow-Carteret	402	100%	100%	100%	100%	100%	100%	100%	★★
Orange-Person-Chatham	206	100%	100%	100%	100%	100%	100%	100%	★★
Pathways	108	100%	100%	100%	100%	100%	100%	100%	★★
Pitt	409	100%	100%	100%	100%	100%	100%	100%	★★
Roanoke-Chowan	410	Subject to Performance Agreement							
Sandhills Center	303	100%	100%	100%	100%	100%	100%	100%	★★
Smoky Mountain	101	100%	100%	100%	100%	100%	100%	100%	★★
Southeastern Center	401	100%	100%	100%	100%	100%	100%	100%	★★
Southeastern Regional	304	100%	100%	100%	100%	100%	100%	100%	★★
Tideland	411	Subject to Performance Agreement							
Wake	308	100%	100%	100%	100%	100%	100%	100%	★★
Western Highlands	113	100%	100%	100%	100%	100%	100%	100%	★★
Wilson-Greene	404	Subject to Performance Agreement							

Number and Pct of LMEs that met the Best Practice Standard:

24 (100%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

24 (100%)

Notes:

1. Percentages less than 80% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
First Quarter Report
July 1, 2005 - September 30, 2005

Information Management, Analysis, and Reporting.
1.8.2.3. Consumer Information - Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) where all mandatory data fields contain a value other than "unknown".

Best Practice Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

SFY 2006 Standard: 85% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Area Code	County	Race	Ethnicity	Gender	Marital Status	Standard Met ²
Alamance-Caswell-Rockingham	205	100%	99%	98%	100%	98%	★★
Albemarle	412	100%	100%	100%	100%	100%	★★
Catawba	109	100%	100%	99%	100%	100%	★★
CenterPoint	202	100%	100%	100%	100%	100%	★★
Crossroads	201	100%	85%	75%	100%	98%	
Cumberland	305	100%	99%	100%	100%	100%	★★
Durham	207	100%	96%	92%	100%	98%	★★
Eastpointe	408	100%	99%	98%	100%	98%	★★
Edgecombe-Nash	405	Subject to Performance Agreement					
Five County	208	100%	97%	98%	100%	99%	★★
Foothills	105	100%	100%	100%	100%	100%	★★
Guilford	204	100%	100%	100%	100%	100%	★★
Johnston	307	100%	100%	100%	100%	99%	★★
Mecklenburg	110	Waived until Nov 06 due to major system					
Neuse	407	100%	100%	100%	100%	100%	★★
New River	103	100%	99%	98%	100%	99%	★★
Onslow-Carteret	402	100%	100%	100%	100%	100%	★★
Orange-Person-Chatham	206	100%	100%	98%	100%	100%	★★
Pathways	108	100%	100%	100%	100%	100%	★★
Pitt	409	100%	96%	99%	100%	76%	
Roanoke-Chowan	410	Subject to Performance Agreement					
Sandhills Center	303	100%	100%	100%	100%	100%	★★
Smoky Mountain	101	100%	100%	100%	100%	100%	★★
Southeastern Center	401	100%	99%	98%	100%	100%	★★
Southeastern Regional	304	100%	100%	100%	100%	100%	★★
Tideland	411	Subject to Performance Agreement					
Wake	308	100%	100%	100%	100%	100%	★★
Western Highlands	113	100%	100%	100%	100%	100%	★★
Wilson-Greene	404	Subject to Performance Agreement					

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2006 Standard: _____
Total

22 (91.7%)

0 (0%)

22 (91.7%)

Notes:

1. Percentages less than 85% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.4. Consumer Information - Client Data Warehouse (CDW)
Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claim record.

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) with an identifying record and demographic record completed within 30 days of the beginning date of service.

Best Practice Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

SFY 2006 Standard: 80% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Area Code	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	205	65%	
Albemarle	412	98%	★★
Catawba	109	96%	★★
CenterPoint	202	100%	★★
Crossroads	201	90%	★★
Cumberland	305	100%	★★
Durham	207	99%	★★
Eastpointe	408	89%	★
Edgecombe-Nash	405	Subject to Performance Agreement	
Five County	208	95%	★★
Foothills	105	99%	★★
Guilford	204	99%	★★
Johnston	307	100%	★★
Mecklenburg	110	Waived until Nov 06 due to major system	
Neuse	407	100%	★★
New River	103	77%	
Onslow-Carteret	402	88%	★
Orange-Person-Chatham	206	95%	★★
Pathways	108	93%	★★
Pitt	409	77%	
Roanoke-Chowan	410	Subject to Performance Agreement	
Sandhills Center	303	97%	★★
Smoky Mountain	101	98%	★★
Southeastern Center	401	97%	★★
Southeastern Regional	304	94%	★★
Tideland	411	Subject to Performance Agreement	
Wake	308	91%	★★
Western Highlands	113	95%	★★
Wilson-Greene	404	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

19 (79.2%)

Number and Pct of LMEs that met the SFY 2006 Standard:

2 (8.3%)

Total

21 (87.5%)

Notes:

- Percentages less than 80% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.5. Consumer Information - Client Data Warehouse (CDW)
Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, CSMAJ.

The table below shows the percentage¹ of open clients in the designated target populations (1 quarter lag) with a drug of choice record completed within 60 days of the beginning date of service.

Best Practice Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

SFY 2006 Standard: 80% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Area Code	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell-Rockingham	205	74%	
Albemarle	412	97%	★★
Catawba	109	84%	★
CenterPoint	202	90%	★★
Crossroads	201	45%	
Cumberland	305	100%	★★
Durham	207	97%	★★
Eastpointe	408	96%	★★
Edgecombe-Nash	405	Subject to Performance Agreement	
Five County	208	82%	★
Foothills	105	98%	★★
Guilford	204	96%	★★
Johnston	307	90%	★★
Mecklenburg	110	Waived until Nov 06 due to major system	
Neuse	407	97%	★★
New River	103	89%	★
Onslow-Carteret	402	92%	★★
Orange-Person-Chatham	206	97%	★★
Pathways	108	93%	★★
Pitt	409	82%	★
Roanoke-Chowan	410	Subject to Performance Agreement	
Sandhills Center	303	95%	★★
Smoky Mountain	101	26%	
Southeastern Center	401	96%	★★
Southeastern Regional	304	93%	★★
Tideland	411	Subject to Performance Agreement	
Wake	308	94%	★★
Western Highlands	113	95%	★★
Wilson-Greene	404	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

17 (70.8%)

Number and Pct of LMEs that met the SFY 2006 Standard:

4 (16.7%)

Total

21 (87.5%)

Notes:

- Percentages less than 80% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.7. Consumer Information - DD Client Outcomes Inventory (DD-COI)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The DD COI is required for consumers ages 6 and over with a primary disability of DD whose case number ends in 3 or 6 (20% sample). The expected number of initial forms is the number of active consumers in the CDW in this age and disability group with case numbers ending in 3 or 6.

Best Practice Standard: 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.
SFY 2006 Standard: 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

Local Management Entity	Expected # of Initial COI Assessments	Actual # of Initial COI Assessments Submitted	% of Expected COIs Submitted ¹	Standard Met ²
Alamance-Caswell-Rockingham	0			
Albemarle	1	1	100.0%	★★
Catawba	1	1	100.0%	★★
CenterPoint	0			
Crossroads	0			
Cumberland	5	5	100.0%	★★
Durham	4	0	0.0%	
Eastpointe	2	0	0.0%	
Edgecombe-Nash	Subject to Performance Agreement			
Five County	0			
Foothills	1	1	100.0%	★★
Guilford	3	3	100.0%	★★
Johnston	0			
Mecklenburg	1	1	100.0%	★★
Neuse	1	1	100.0%	★★
New River	1	1	100.0%	★★
Onslow-Carteret	1	0	0.0%	
Orange-Person-Chatham	0	1	100.0%	★★
Pathways	4	3	75.0%	
Pitt	0			
Roanoke-Chowan	Subject to Performance Agreement			
Sandhills Center	1	1	100.0%	★★
Smoky Mountain	0			
Southeastern Center	0			
Southeastern Regional	3	3	100.0%	★★
Tideland	Subject to Performance Agreement			
Wake	2	2	100.0%	★★
Western Highlands	4	0	0.0%	
Wilson-Greene	Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

12 (75%)

Number and Pct of LMEs that met the SFY 2006 Standard: _____
Total

0 (0%)

12 (75%)

Notes:

- Percentages less than 90% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.9. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all consumers in specified substance abuse populations and shall be submitted within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review.

Best Practice Standard: 100% of the expected initial forms are received on time.

SFY 2005 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments ³	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham		Subject to Performance Agreement				
Albemarle		Subject to Performance Agreement				
Catawba	55	30	55.0%			
CenterPoint	292	45	15.4%			
Crossroads	152	100	65.8%			
Cumberland	277	76	27.4%			
Durham	139	96	69.1%			
Eastpointe	53	3	5.7%			
Edgecombe-Nash		Subject to Performance Agreement				
Five County (VGFW only)	50	43	86.0%			
Foothills	40	4	10.1%			
Guilford	322	220	68.4%			
Johnston	11	11	100.0%			★★
Mecklenburg	158	21	13.3%			
Neuse	178	65	36.6%			
New River	110	3	2.7%			
Onslow-Carteret (Onslow only)	29	0	0.0%			
Orange-Person-Chatham	135	74	54.8%			
Pathways		Subject to Performance Agreement				
Pitt	75	62	82.7%			
Roanoke-Chowan		Subject to Performance Agreement				
Sandhills Center (not incl Lee-Harnett)	392	225	57.4%			
Smoky Mountain	50	0	0.0%			
Southeastern Center	285	303	106.2%			★★
Southeastern Regional	311	253	81.4%			
Tideland		Subject to Performance Agreement				
Wake	314	234	74.5%			
Western Highlands		Subject to Performance Agreement				
Wilson-Greene		Subject to Performance Agreement				

The timeliness criterion was not used to determine whether or not the performance standard was met this quarter.

Number and Pct of LMEs that met the Best Practice Standard:

2 (8%)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0%)

Total

2 (8%)

Notes:

- Percentages less than 90% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- The expected number of initial assessments is based on the number of consumers receiving services in SFY 2005 as members of defined target populations, reduced by the number of exempt consumers reported by the LME or an estimate of the number of consumers to be exempted, whichever was greater.

Information Management, Analysis, and Reporting.
1.8.2.10. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Update Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all consumers in specified substance abuse populations and shall be submitted within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with assessments administered between September and February to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment.

Best Practice Standard: 100% of the expected update forms are received and are timely.
SFY 2005 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments ³	Receipt		Timeliness		Standard Met ²
		# of Update Assessments Received	% of Expected Assessments Received ¹	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham		Subject to Performance Agreement				
Albemarle		Subject to Performance Agreement				
Catawba	28	6	21.4%	5	17.9%	
CenterPoint	348	150	43.1%	123	35.3%	
Crossroads	117	29	24.8%	26	22.2%	
Cumberland	19	12	63.2%	11	57.9%	
Durham	114	16	14.0%	0	0.0%	
Eastpointe	0					
Edgecombe-Nash		Subject to Performance Agreement				
Five County (VGFW only)	40	17	42.5%	9	22.5%	
Foothills	0					
Guilford	87	24	27.6%	19	21.8%	
Johnston	10	9	90.0%	8	80.0%	
Mecklenburg	24	10	41.7%	8	33.3%	
Neuse	54	34	63.0%	11	20.4%	
New River	0					
Onslow-Carteret (Onslow only)	0					
Orange-Person-Chatham	93	46	49.5%	37	39.8%	
Pathways		Subject to Performance Agreement				
Pitt	179	125	69.8%	90	50.3%	
Roanoke-Chowan		Subject to Performance Agreement				
Sandhills Center (not incl Lee-Harnett)	237	139	58.6%	112	47.3%	
Smoky Mountain	0					
Southeastern Center	279	223	79.9%	135	48.4%	
Southeastern Regional	57	12	21.1%	10	17.5%	
Tideland		Subject to Performance Agreement				
Wake	346	194	56.1%	152	43.9%	
Western Highlands		Subject to Performance Agreement				
Wilson-Greene		Subject to Performance Agreement				

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. Percentages less than 90% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, a file containing current assessment forms for all consumers receiving DD services.

Best Practice Standard: 100% of current assessments are no more than 15 months old.

SFY 2006 Standard: 95% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell-Rockingham	646	643	99.5%	★
Albemarle	346	340	98.3%	★
Catawba	354	350	98.9%	★
CenterPoint	1,203	1,195	99.3%	★
Crossroads	698	510	73.1%	
Cumberland	889	376	42.3%	
Durham	918	538	58.6%	
Eastpointe	944	780	82.6%	
Edgecombe-Nash			Subject to Performance Agreement	
Five County	816	695	85.2%	
Foothills	546	521	95.4%	★
Guilford	1,657	1,188	71.7%	
Johnston	339	337	99.4%	★
Mecklenburg	1,940	1,349	69.5%	
Neuse	452	441	97.6%	★
New River	579	540	93.3%	
Onslow-Carteret	623	472	75.8%	
Orange-Person-Chatham	958	849	88.6%	
Pathways	1,548	1,362	88.0%	
Pitt	486	464	95.5%	★
Roanoke-Chowan			Subject to Performance Agreement	
Sandhills Center	1,143	1,058	92.6%	
Smoky Mountain	456	456	100.0%	★★
Southeastern Center	901	823	91.3%	
Southeastern Regional	1,056	1,036	98.1%	★
Tideland			Subject to Performance Agreement	
Wake	2,093	1,629	77.8%	
Western Highlands	1,586	1,089	68.7%	
Wilson-Greene			Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

1 (4%)

Number and Pct of LMEs that met the SFY 2006 Standard:

9 (36%)

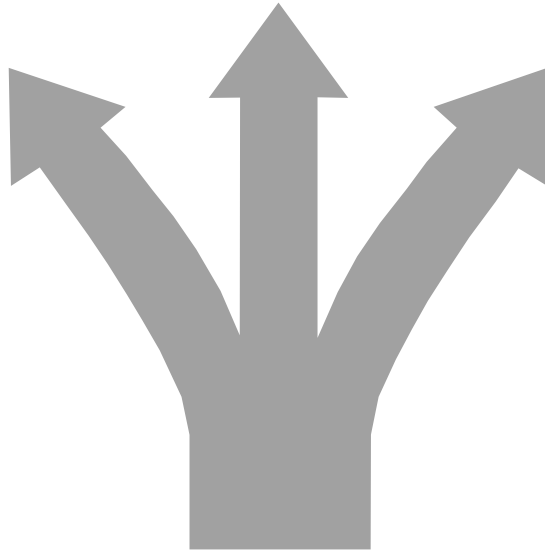
Total

10 (40%)

Notes:

1. Percentages less than 95% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

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